

Characteristics and Professional Staff of Outpatient Psychiatric Clinics

OUTPATIENT psychiatric clinics today provide an important segment of the total psychiatric services in communities throughout the country. Nationwide data on these facilities and the patients they serve are reported annually to the National Institute of Mental Health, Public Health Service, through a program initiated in 1954 with the cooperation of State mental health authorities and professional groups. Data on characteristics of clinics and their professional staff are summarized in Public Health Monograph No. 49.

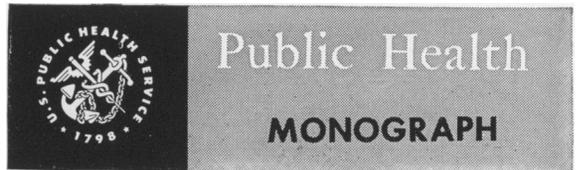
Outpatient psychiatric clinics are defined as facilities "where a psychiatrist is in attendance at regularly scheduled hours and takes the medical responsibility for all of the patients in the clinic."

In 1954-55, these clinics, operating under a variety of governmental and nongovernmental auspices to provide services to children and adults seeking or referred for psychiatric services, numbered 1,234. Approximately half of all outpatient psychiatric clinics were full time (open 35 hours or more a week). Part-time clinics included a number of clinic teams traveling under State governmental auspices to provide a minimum of regularly scheduled service in less populated areas where there were no other psychiatric services.

Although clinics were located in all but one State, there was considerable geographic disparity in the number of clinic professional man-hours of service per 100,000 population. States in the Northeast tended to have relatively high ratios of professional man-hours to population; States in the South, low ratios. There were relatively few clinic facilities in semirural and rural areas compared with the number of clinic facilities in large cities. An important factor in the geographic imbalance

of clinic services was the concentration in urban areas of medical and other professional training facilities.

Two-fifths of the total clinic professional man-hours of service reported were provided



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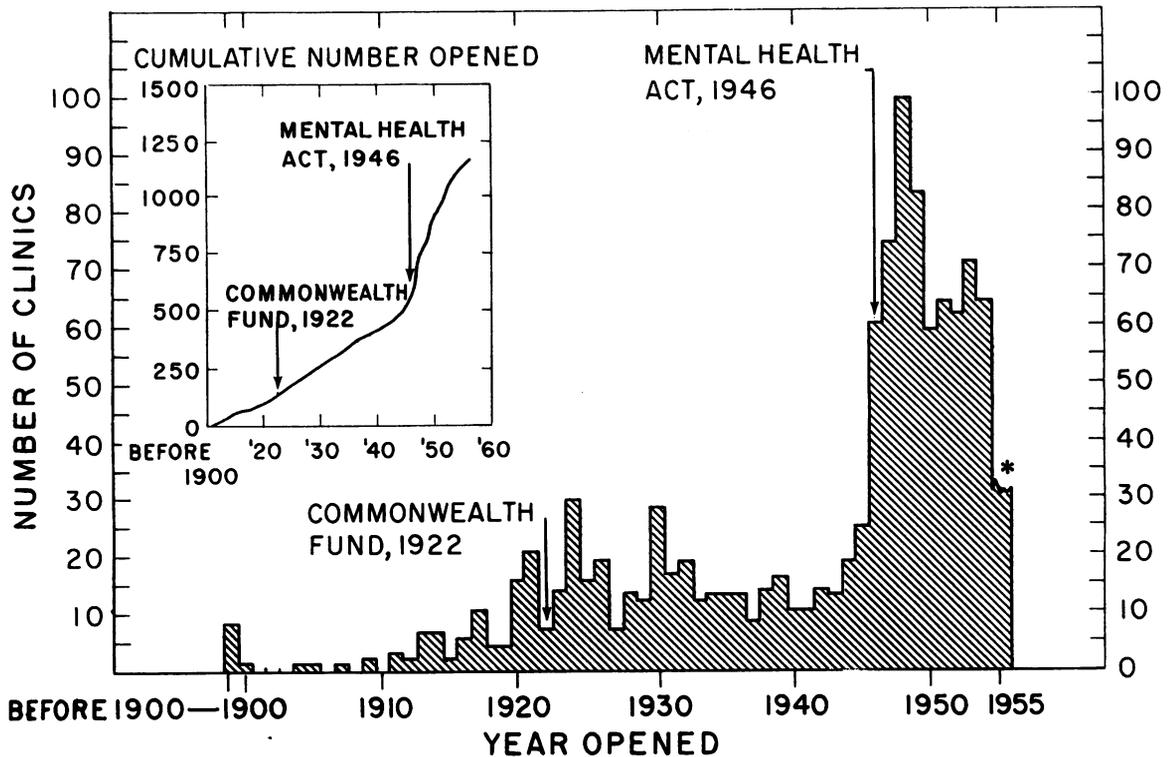
The accompanying summary covers the principal findings presented in Public Health Monograph No. 49, published concurrently with this issue of Public Health Reports. The authors are with the Biometrics Branch, National Institute of Mental Health, National Institutes of Health, Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of the major universities and in selected public libraries.

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Bahn, Anita K., and Norman, Vivian B.: Characteristics and professional staff of outpatient psychiatric clinics. Public Health Monograph No. 49 (PHS Publication No. 538). 87 pages. Illustrated. U. S. Government Printing Office, Washington, D. C., 1957. Price 50 cents.

Number of outpatient psychiatric clinics, by year opened, United States, 1954-55.



SOURCE: Data based on reports from 1,140 of the 1,234 outpatient psychiatric clinics in the United States, 1954-55.

*Incomplete data.

by 688 clinics serving both children and adults; two-fifths by 381 clinics offering diagnostic and treatment services for children only, usually including some collateral service with their parents; and one-fifth in 136 clinics serving adults exclusively. In about a fourth of all mental health clinics, service was limited either to selected diagnostic groups of persons, such as discharged mental hospital patients, alcoholics, mentally retarded persons, epileptics, and juvenile delinquents, or to other special eligible groups—veterans, students, or court cases.

A total of 9,500 professional staff were employed in outpatient psychiatric clinics throughout the country; 90 percent were psychiatrists, clinical psychologists, and psychiatric social workers—members of professions which traditionally provide the skills coordinated in the outpatient psychiatric clinic. Seventy percent of all clinics had personnel from each of these three disciplines. A small num-

ber of pediatricians, internists, nurses, and occupational and remedial therapists were employed in specialized clinics. Of the 9,500 professional staff, less than one-third were regular full-time employees, half were part-time employees, and one-fifth were trainees. Due to the high proportion of part-time psychiatrists and other professionals, the 9,500 professional employees represented the equivalent services of less than 5,400 full-time persons.

The professional staff provided an average of 115 man-hours of clinic service per week for each 100,000 population. If it is assumed that a full-time clinic is staffed by a team comprised of a psychiatrist, a clinical psychologist, a psychiatric social worker, and either an additional psychiatric social worker or other professional person, providing a total of 140 man-hours of service per week, only 9 States (District of Columbia, New York, Massachusetts, Kansas, Connecticut, Illinois, Delaware, Rhode Island, and Hawaii) met a hypothetical minimum re-

quirement of one full-time clinic per 100,000 population. Only the District of Columbia, New York, and Massachusetts, all psychiatric training centers, provided the equivalent of two full-time clinics per 100,000 population. Even in these States, long waiting lists for clinic service reflect the unmet needs related to a dense metropolitan population, services to nonresidents, and considerable training activities.

On the basis of projected civilian population growth, the number of outpatient psychiatric clinic staff will have to be increased 50 percent to meet a minimum requirement of one full-time clinic (140 man-hours of service) per 100,000 population by 1965, or tripled if two full-time clinics per 100,000 population is established as a minimum goal.

Areas requiring additional research and planning include—

- Ways of increasing the total supply of professional personnel trained in accredited schools and, at the same time, effecting a more balanced geographic distribution of professional resources.

- Morbidity studies to determine the total number of mentally ill persons in the country and in various communities, by age, sex, and psychiatric disorder.

- Development of guides for determining the need for and ways of providing more adequate clinic service in sparsely populated and highly urban areas.

- Development of “ideal” patterns of mental health service in communities as guides, including clarification of the role of the various psychiatric agencies and of other mental health facilities, such as family service agencies, counseling centers, schools, local health departments, and general practitioners.

- Reexamination of the responsibilities of each professional staff member toward child and adult patients in light of the advances being made in professional education and training and in psychodynamics, the possible changes that may occur as a result of the widespread use of tranquilizing drugs, and the general shortage of professional personnel.

Reginald M. Atwater, 1892–1957

Dr. Reginald M. Atwater, executive secretary of the American Public Health Association, died October 18, 1957. At the time of his death, Dr. Atwater was also managing editor of the *American Journal of Public Health*, as well as special consultant to the Public Health Service and a board member of the National Health Council. Before becoming executive secretary of the association in 1935, he was commissioner of health of Cattaraugus County in New York for 8 years.

Under the auspices of the Yale in China organization, Dr. Atwater served as associate professor of preventive medicine and public health in the Hunan Yale College of Medicine, Chungsha, China, from 1921 to 1925. On his return to the United States, he joined the faculty of Harvard Medical School and the School of Public Health, where he taught preventive

medicine and epidemiology and conducted research on pneumonia and rheumatic fever.

A graduate of Harvard Medical School, Dr. Atwater was a Rockefeller Foundation fellow in public health and in 1920 and 1921 took the degrees of master and doctor of public health at Johns Hopkins University School of Hygiene and Public Health.

In 1939, Dr. Atwater received the Order of Carlos J. Finlay from the Cuban Government. Ten years later he was awarded an honorary degree by Colorado College. He also received the Sedgwick Memorial Medal of the American Public Health Association and was made an honorary fellow of the Society of Medical Officers of Health in Great Britain in 1952. In 1957, he became an honorary associate fellow of the American Academy of Pediatrics.